

# SWORN DISCLOSURE OF CONSULTING SERVICES

## Tennessee Ethics Commission

→ This form must be used to disclose to the Tennessee Ethics Commission all compensation for consulting services. Please read the attached instructions before completing this form (the failure to properly and timely submit the form may constitute a Class C misdemeanor pursuant to T.C.A. §§2-10-125 & 126, subsections (d)(1) & (d)(2)).

CHECK THE APPLICABLE BOXES	
<input checked="" type="checkbox"/> Form Completed by Individual RECEIVING Fee	<input type="checkbox"/> Form Completed by Individual/Entity PAYING Fee
<input type="checkbox"/> New Disclosure Form	<input checked="" type="checkbox"/> Quarterly Update (Provide date previous Disclosure Form submitted: <u>10/17/06</u> )
DISCLOSURE OF INDIVIDUAL RECEIVING FEE	
a. First and last name of individual receiving fee	b. Position or Title of individual
<u>Heleen H. James</u>	<u>Attorney, Office of Legal Services, General Assembly</u>
c. Mailing or street address (room, apt., suite no. and street, or P.O. box)	
<u>G-16 War Memorial Bldg</u>	
d. City, state, zip code	
<u>Nashville, TN 37243</u>	
e. Telephone	f. E-mail (if available)
<u>615-741-6022</u>	<u>heleen.james@legislature.state.tn.us</u>
DISCLOSURE OF PAYOR	
a. Name of individual or entity paying fee	
<u>Sessions Paving Co.</u>	
b. If different from above, name of individual submitting form on behalf of entity	
<u>Robert Hutcheson, President</u>	
c. Mailing or street address of Payor (room, apt., suite no. and street, or P.O. box)	
<u>P.O. Box 90266</u>	
d. City, state, zip code	
<u>Nashville, TN 37209</u>	
e. Telephone	f. E-mail (if available)
<u>615-356-0600</u>	<u>RHutcheson@aol.com</u>
DISCLOSURE OF CONTRACT AND COMPENSATION	
a. Date of Contract	b. Amount of Fee
<u>N/A</u>	<u>See below</u>
c. Date(s) Services Rendered	
<u>N/A</u>	
d. General Description of Services Rendered	
<u>I am a minority shareholder of Sessions Paving Co. As a minority shareholder, I have no control, no responsibilities, no duties, and receive no compensation. As a landlord of the company, I receive \$2000/month rent.</u>	

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 ETHICS COM.

## AFFIDAVIT

By my signature below I attest to the following:

- I understand that, pursuant to T.C.A. §§2-10-125 & 126, submitting a Sworn Disclosure of Consulting Services form which contains false information may subject me to the penalties of perjury;
- The information contained in this Sworn Disclosure of Consulting Services form is true and correct to the best of my knowledge, information and belief.

Nileen H. James  
Signature

January 10, 2007  
Date

Sworn to and subscribed before me this 10th day of 2007 in Davidson county,  
Tennessee:

Lisa S. Kinzer  
Signature of Notary

January 23, 2010  
Notary Registration No.  
My Commission Expires:

